

# **Appendix D**

## **Instruments and Protocols**

# **DC START Instruments**

## USE OF THE OBSERVATION CHECKLIST

### **What is the Observation Checklist?**

The *Observation Checklist* is a referral form completed by teachers or other school staff to refer students to the DC START (District of Columbia Student Assessment & Resilience Team) school-based clinician for further assessment. The purpose of the checklist is to help identify students who may be in need of additional supports.

### **Who should complete it?**

The *Observation Checklist* should be completed by members of the school staff, i.e. teachers, administrators, and counselors who have substantial interaction with the student and have routinely observed his/her behaviors within the school setting.

### **When should I use it?**

Complete the *Observation Checklist* when a student is exhibiting concerning behaviors over time and would benefit from additional assistance.

### **How is this form different from all of the other forms?**

The *Observation Checklist* is designed specifically for teachers in school settings. All the items on the checklist are based on observable behaviors and are meant to reflect what **you observe** in the classroom, hallways or school grounds.

### **What are the benefits?**

Early identification of children at-risk will allow them to receive services they need before the problems escalate. Early intervention helps children learn coping skills to better manage their behaviors and improve their academic performance.

### **Why school staff and not clinicians?**

The difficulties children experience in various aspects of their lives tend to influence their functioning in schools. Members of the school staff regularly observe the extent to which children are able to deal with these circumstances. The DC START clinician conducts the actual clinical assessment.

### **How much time does it take to complete the checklist?**

The *Observation Checklist* takes approximately 3 to 5 minutes to complete.

### **Where do I get a copy of the checklist and who do I give it to once completed?**

The Principal, the DC START clinician, and other school staff will have copies of the *Observation Checklist*. Completed forms should be submitted to the Principal or person designated by the Student Support Team.

### **What will happen after I submit it?**

The *Observation Checklist* is the first step in providing assistance. Once a completed form is submitted by you to the Student Support Team (or its equivalent), they will determine whether further assessment and services are required and appropriate.

\*The Observation Checklist represents a substantial modification of the stage two Systematic Screening Behavioral Disorder (SSBD) instrument that was conducted by the Partnership for Results in conjunction with a national panel of experts. The SSBD was modified for use by permission from Sopris West ([www.sopriswest.com](http://www.sopriswest.com)).

\*\*For more information regarding this Observation Checklist, please contact the DC START Clinician based in your school.

## OBSERVATION CHECKLIST

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

Observer's Name \_\_\_\_\_

Position (e.g., teacher, SRO) \_\_\_\_\_

Check each behavior from the list below that you are aware the student has exhibited during this school year. Your observations are extremely valuable since they may signal the need for further assessment. *The checklist is confidential and will not become part of the student's permanent record.* It will be used to determine the student's needs.

<input type="checkbox"/> Is self-abusive (biting, cutting or bruising self).	<input type="checkbox"/> Has frequent tantrums.
<input type="checkbox"/> Often exhibits excessive shyness.	<input type="checkbox"/> Physically assaults an adult.
<input type="checkbox"/> Exhibits sad affect, depression and feelings of worthlessness to such an extent as to interfere with normal peer and/or classroom activities.	<input type="checkbox"/> Makes lewd and obscene gestures; yells, swears, screams at others.
<input type="checkbox"/> Has talked of killing himself/herself. Reports having suicidal thoughts or being preoccupied with death.	<input type="checkbox"/> Exhibits cruelty to animals.
<input type="checkbox"/> Suddenly cries or displays highly inappropriate affect in normal situations (laughs when sad).	<input type="checkbox"/> Exhibits a preoccupation with violent themes (common theme in his/her writings, comments, reading materials).
<input type="checkbox"/> Has severe lack of interest in activities that were previously of interest.	<input type="checkbox"/> Not logical/coherent when speaking or appears preoccupied and tends to get lost in own thoughts.
<input type="checkbox"/> Complains of severe headaches or other somatic complaints such as stomachaches, nausea, dizziness, or vomiting.	<input type="checkbox"/> Has auditory or visual hallucinations; talks about seeing or hearing things other do not see/hear.
<input type="checkbox"/> Reports having nightmares or significant sleep disturbances.	<input type="checkbox"/> Engages in inappropriate sexual behaviors.
<input type="checkbox"/> Exhibits weight change; drastic loss or gain.	<input type="checkbox"/> Has trouble sitting still; nervous, tense, restless.
<input type="checkbox"/> Frequent trips to the bathroom.	<input type="checkbox"/> Fidgets, wrings hands.
<input type="checkbox"/> Is overly concerned about abilities in school, athletics, or social activities.	<input type="checkbox"/> Shaky hands.
<input type="checkbox"/> Has difficulty controlling worries.	<input type="checkbox"/> Eyes bloodshot or dull; dilated pupils.
<input type="checkbox"/> Has severely restricted activity levels.	<input type="checkbox"/> Runny nose or watering eyes not explained by medical condition.
<input type="checkbox"/> Is often teased by peers.	<input type="checkbox"/> Slurred speech.
<input type="checkbox"/> Is often avoided by peers.	<input type="checkbox"/> Has odor of tobacco/alcohol/marijuana.
<input type="checkbox"/> Shows a marked change in personal appearance/hygiene.	<input type="checkbox"/> Truant; frequent class absenteeism.
<input type="checkbox"/> Regularly sleeps in class.	<input type="checkbox"/> Lacks coordination in walking, sports, or small motor activities.
<input type="checkbox"/> Wears clothes inappropriate for the season (e.g., layers clothes; consistently wears long sleeves in warm weather).	<input type="checkbox"/> Has difficulty understanding and following multiple instructions; weak grasp of explanations.
<input type="checkbox"/> Consistently acts impulsively; unable to exercise self-control.	<input type="checkbox"/> Unable to attend to details; makes careless mistakes.
<input type="checkbox"/> Has attempted to seriously physically injure another using weapons or objects.	<input type="checkbox"/> Has trouble finishing class work/homework in timely fashion.
<input type="checkbox"/> Is physically aggressive with other students or adults (hits, bites, chokes, or throws things).	<input type="checkbox"/> Easily loses or misplaces homework, schoolbooks, or other items.
<input type="checkbox"/> Damages other's property (academic materials, damages personal possessions).	<input type="checkbox"/> Poor written expression; trouble summarizing.
<input type="checkbox"/> Steals.	<input type="checkbox"/> Poor grasp of abstract concepts.
<input type="checkbox"/> Sets fires.	<input type="checkbox"/> Inconsistent attention; easily distractible.
<input type="checkbox"/> Ignores teacher's repeated warnings or reprimands.	<input type="checkbox"/> Not tolerating of praise or reward.
	Other _____

## ADOLESCENT WELL-BEING ASSESSMENT FORM

Child's Name \_\_\_\_\_  
 Completed by \_\_\_\_\_

Date \_\_\_\_\_

<b>PART ONE: PERSONAL DEVELOPMENT</b>		<b>Rating</b>	<b>Critical</b>
		<b>0-1-2</b>	<b>✓</b>
PD1	Social competence		
PD2	Self-direction		
PD3	Temperament		
PD4	Problem-solving efficacy		
PD5	School efficacy		
PD6	Relationship with parents		
PD7	Relationship with non-parent adult		
PD8	Relationship with peers		
PD9	Family belonging		
PD10	School belonging		
PD11	Involvement in community prosocial activities		
PD12	Family management style/expectations		
PD13	School expectations for behavior		
PD14	Family history of mental illness		
PD15	Family history of substance abuse		
PD16	Family history of criminal activity		
<i>Comments on Personal Development</i>			
<b>PART TWO: ENVIRONMENTAL INFLUENCES</b>		<b>Rating</b>	<b>Critical</b>
		<b>0-1-2</b>	<b>✓</b>
EI1	Family attitudes toward aggression/violence		
EI2	Family attitudes toward tobacco/alcohol/drugs		
EI3	Types of peers		
EI4	Stability of living arrangements		
EI5	Family mobility		
EI6	School mobility		
EI7	Stressful events		
EI8	Parental/caregiver discord		
EI9	Child abuse/maltreatment		
EI10	Domestic violence		
EI11	Exposure to violence		
EI12	Access to tobacco/alcohol/drugs		
EI13	Access to firearms		

*Comments on Environment Influences*

**PART THREE: LEVEL OF FUNCTIONING**

	Rating	Critical
	0-1-2	✓
F1 Internalizing behaviors (based on PYSC results)		
F2 Externalizing behaviors (based on PYSC results)		
F3 Alcohol/drug-related problems (based on PESQ results)		
F4 Involvement in delinquent activity		
F5 Academic performance		
F6 School disciplinary actions		
F7 Truancy		
F8 Family role		

*Comments on Level of Functioning*

**PART FOUR: RECOMMENDATIONS**

# YOUTH PEDIATRIC SYMPTOM CHECKLIST (Y-PSC) SCORING SHEET

<b>INTERNALIZING</b>	<b>Subscale Score</b> _____ (cut-off GE 5)
10. Feel sad; unhappy 12. Feel hopeless 18. Be down on myself 21. Worry a lot 26. Seem to be having less fun	_____ _____ _____ _____
<b>EXTERNALIZING</b>	<b>Subscale Score</b> _____ (cut-off GE 7)
15. Fight with other people my age 28. Do not listen to rules 30. Do not understand other people's feelings 31. Tease others 32. Blame others for my troubles 33. Take things that do not belong to me 34. Refuse to share	_____ _____ _____ _____ _____ _____
<b>ATTENTION</b>	<b>Subscale Score</b> _____ (cut-off GE 7)
1. Complain of aches/pains 6. Act as if I'm driven by a motor 7. Daydream too much 8. Get distracted easily 13. Have trouble concentrating	_____ _____ _____ _____
<b>SCHOOL FUNCTIONING</b>	<b>Subscale Score</b> _____ (no cut-off score)
4. Have trouble with my teachers 5. Be less interested in school than I was before 16. Be absent from school 17. Have a drop in school grades	_____ _____ _____
<b>OTHER</b>	<b>Subscale Score</b> _____ (no cut-off score)
2. Spend more time alone than I did before 3. Tire easily, have little energy 9. Feel afraid in new situations 11. Feel irritable, angry 14. Be less interested in my friends 19. Visit the doctor and the doctor finds nothing wrong 20. Have trouble sleeping; sleep a lot or not at all 22. Want to be with parents more 23. Feel that I am a bad person 24. Take unnecessary risks 25. Get hurt frequently 27. Act younger than my age 29. Do not show my feelings 35. Hear voices or see things others do not see or hear	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<b>TOTAL SCORE</b> (cut-off GE 30)	_____

## YOUTH CHECKLIST

Check the box that best fits you or your child.

I tend to :	Never	Sometimes	Often
1. Complain of aches and pains			
2. Spend more time alone than I did before			
3. Tire easily, have little energy			
4. Have trouble with my teacher(s)			
5. Be less interested in school than I was before			
6. Act as if I'm driven by a motor			
7. Daydream too much			
8. Get distracted easily			
9. Feel afraid in new situations; try to avoid meeting or talking to people I don't know			
10. Feel sad, unhappy			
11. Feel irritable, angry			
12. Feel hopeless			
13. Have trouble concentrating			
14. Am less interested in my friends			
15. Fight with other people my age			
16. Be absent from school			
17. Have a drop in school grades			
18. Be down on myself			
19. Visit the doctor with a complaint and have the doctor find nothing wrong			
20. Have trouble sleeping; sleep a lot or not at all			



I tend to :	Never	Sometimes	Often
21. Worry a lot			
22. Want to be with my parent(s) more than before			
23. Feel that I am bad			
24. Take unnecessary risks			
25. Get hurt frequently			
26. Seem to be having less fun			
27. Act younger than others my age			
28. Do not listen to rules			
29. Do not show my feelings			
30. Do not understand other people's feelings			
31. Tease others			
32. Blame others for my troubles			
33. Take things that do not belong to me			
34. Refuse to share			
35. Hear voices or see things others do not see or hear			

## **YOUTH CHECKLIST (11 years old or more)**

- What are your goals in life?
- Do you like school, or do you like your school, your teacher? The kids in your class?
- Do you feel you can successfully deal with a problem or do you feel overwhelmed by problems?
- Do you feel that your grades are due to the amount of work you do, or due to the teacher?
- Do you feel that your mother/father will listen to you? Always, sometimes or never?
- Do you have a grown up that you can talk to, that you can trust?
- Are you bullied, or do you find yourself bullying others?
- What does your family do together?
- Are you involved in activities outside of school (sports, music lessons, etc...)?
- Are there clear rules in your family that you follow?
- Are there clear rules in school?
- Do your friends get into fights at home or at school?
- Do your parents fight?
- Do you have access to cigarettes, alcohol, or other drugs? Could you get any of the above if you wanted to?
- Do you have access to a gun? Could you get a gun if you wanted to?
- Are you passing all your classes this year?
- Have you received an ISS or OSS this year?
- Do you do your chores at home?

# PERSONAL EXPERIENCE SCREENING QUESTIONNAIRE (PESQ)

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Name or ID number: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Ethnicity/Race:

- ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

## DIRECTIONS

This booklet asks about you and your experiences, including those with alcohol and other drugs. Some questions ask how often certain things have happened. Others ask if you agree with a statement. Please read each question carefully. Circle the \* for the answer that is right for you. Circle only *one* response option for each question. Please answer every question.

### PART I

#### How often have you used alcohol or other drugs

1. at home? .....
2. at places on the street where adults hang around? .....
3. with older friends? .....
4. at the homes of friends or relatives? .....
5. at school activities, such as dances or football games? .....
6. at work? .....
7. when skipping school? .....
8. to enjoy music or colors, or feel more creative? .....
9. while driving a racing boat? .....

#### How often have you

10. made excuses to your parents about your alcohol or drug use? .....
11. gotten drugs from a dealer? .....
12. used alcohol or drugs secretly, so nobody would know you were using? .....
13. made excuses to teachers about your alcohol or drug use? .....
14. been upset about other people talking about your using or drinking? .....
15. lost your sense of taste for several days after using drugs? .....

#### When using alcohol or other drugs, how often have you

16. spilled things, bumped into things, fallen down, or had trouble walking around? .....
17. seen, felt, or heard things that were not really there? .....
18. spent money on things you wouldn't normally buy? .....
19. found out things you said or did while using or drinking that you did not remember? .....

#### In order to get or pay for alcohol or other drugs, how often have you

20. sold drugs? .....
21. bought drugs from a security guard? .....

Never	Once or twice	Sometimes	Often
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*
*	*	*	*

PLEASE TURN THE FORM OVER AND COMPLETE PARTS II AND III.

Additional copies of this form (W-271A) may be purchased from WPS.  
Please contact us at 800-648-8857, Fax 310-478-7838, or [www.wpspublish.com](http://www.wpspublish.com).

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## Problem Severity and Infrequency

## PART I

Item	Section 1				
1.	4	3	2	1	
2.	4	3	2	1	
3.	4	3	2	1	
4.	4	3	2	1	
5.	4	3	2	1	
6.	4	3	2	1	
7.	4	3	2	1	
8.	4	3	2	1	
9.	4	3	2	1	_____ INF1
SUBTOTAL _____ + _____ + _____ + _____ = _____ PS1					

Item	Section 2				
10.	4	3	2	1	
11.	4	3	2	1	
12.	4	3	2	1	
13.	4	3	2	1	
14.	4	3	2	1	
15.	4	3	2	1	_____ INF2
SUBTOTAL _____ + _____ + _____ + _____ = _____ PS2					

Item	Section 3				
16.	4	3	2	1	
17.	4	3	2	1	
18.	4	3	2	1	
19.	4	3	2	1	
20.	4	3	2	1	
21.	4	3	2	1	_____ INF3
SUBTOTAL _____ + _____ + _____ + _____ = _____ PS3					

_____ + _____ + _____ = _____ INF TOTAL				
INF1	+	INF2	+	INF3

_____ + _____ + _____ = _____ PS TOTAL				
PS1	+	PS2	+	PS3

### STEP 1

- Add the numbers circled in each column for Items 1 through 8 and write the total in the spaces on the SUBTOTAL line. (Do NOT add the number circled for Item 9.)
- Add the four column subtotals as indicated by the + signs and write the result in the space labeled PS1.
- Copy the answer circled for Item 9 into the space labeled INF1.

### STEP 2

- Add the numbers circled in each column for Items 10 through 14 and write the total in the spaces on the SUBTOTAL line. (Do NOT add the number circled for Item 15.)
- Add the four column subtotals as indicated by the + signs and write the result in the space labeled PS2.
- Copy the answer circled for Item 15 into the space labeled INF2.

### STEP 3

- Add the numbers circled in each column for Items 16 through 20 and write the total in the spaces on the SUBTOTAL line. (Do NOT add the number circled for Item 21.)
- Add the four column subtotals as indicated by the + signs and write the result in the space labeled PS3.
- Copy the answer circled for Item 21 into the space labeled INF3.

### STEP 4

Copy INF1, INF2, and INF3 (above) and add them to find the INF total. Enter the sum on the line provided.

### STEP 5

Copy PS1, PS2, and PS3 (above) and add them to find the PS total. Enter the sum on the line provided.

**PERSONAL EXPERIENCE SCREENING  
QUESTIONNAIRE  
(PESQ)**

Name or ID number:

**Defensiveness and Psychosocial Indicators PART II**

Item	1	2	
22.	No	Yes	[Psychological distress]
23.	2	1	
24.	No	Yes	[Thinking problems]
25.	2	1	
26.	No	Yes	[Psychological distress]
27.	No	Yes	[Psychological distress]
28.	1	2	
29.	No	Yes	[Psychological distress]
30.	2	1	
31.	No	Yes	[Thinking problems]
32.	No	Yes	[Physical abuse]
33.	No	Yes	[Sexual abuse]
34.	No	Yes	

**STEP 6**

- A. Add the circled answers for Items 22, 24, 26, 29, and 31 and enter each column total in the space provided.
- B. Add the column totals and record the sum in the space labeled DEF TOTAL.

Items 23, 25, 27, 28, 30, 32, 33, and 34 in Part II are not used in formal scoring. These items are the Psychosocial Indicators, which may indicate areas of stress. They provide information that should be kept with the test record for use in interpretation and subsequent case planning.

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ DEF TOTAL

**Problem use guideline**

40+	20-39	10-19	6-9	3-5	1-2	Never	Item
*	*	*	*	*	*	*	35. Alcohol
*	*	*	*	*	*	*	36. Marijuana
*	*	*	*	*	*	*	37. Other Drugs
			*				38. Which drugs?
			*				psychedelics
			*				cocaine
			*				amphetamines
			*				club drugs
			*				sedatives or barbiturates
			*				heroin
			*				other narcotics
			*				inhalants
			*				steroids

**Summary of Drug Use PART III**

Items 35 to 40 summarize the history of admitted drug experience. The shaded areas may indicate a problem use, even if the formally scored Problem Severity (PS) flag (see Step 9 below) is green and suggests low risk of problems.

Grade 11 or after	Grade 9-10	Grade 7-8	Grade 6 or before	Never	Item
*	*	*	*	*	39. First got high or drunk
*	*	*	*	*	40. First used regularly

About half a pack or more *	Less than half a pack *	None *	41. Cigarettes per day
-----------------------------	-------------------------	--------	------------------------

**PESQ Response Distortion and Problem Severity Summary**

**STEP 7**

**Infrequency (INF)**

Refer to the INF TOTAL obtained in STEP 4:  
(Circle only one)

INF TOTAL	INF TOTAL
3	4 to 12
Green Flag	Red Flag

**STEP 8**

**Defensiveness (DEF)**

Refer to the DEF TOTAL obtained in STEP 6:  
(Circle only one)

DEF TOTAL	DEF TOTAL
5, 6, 7, 8	9 or 10
Green Flag	Red Flag

**STEP 9**

**Problem Severity (PS)**

Note the PS TOTAL obtained in Step 5 and find the row below that shows the gender and age of the examinee. Circle Green Flag or Red Flag under the column containing the examinee's score. (Circle only one.)

Males 12-15 years	18-29	30-72
Males 16-18 years	18-34	35-72
Females 12-15 years	18-29	30-72
Females 16-18 years	18-33	34-72
	Green Flag	Red Flag

Note. If the response to two or more of the first 26 items is missing or invalid, the administration should be considered invalid and the results should not be scored. Please also note that although the answers to several items on this page are not used in formal scoring, they provide important psychosocial and drug use history information. That information may be important when the formal results are used in interpretation or subsequent case planning.

## PART II

Please indicate whether the following statements are true about you:

	Yes	No
22. I am always nice, even to people who are not nice. ....	*	*
23. I worry a lot about little things or for no reason. ....	*	*
24. There have been times when I took advantage of someone. ....	*	*
25. I am bothered by unusual thoughts. ....	*	*
26. There have been times when I was mad at an adult even though I knew they were right. ....	*	*
27. I feel sad, blue, or depressed much of the time. ....	*	*
28. I often suffer from headaches or a nervous stomach. ....	*	*
29. I am always willing to admit it when I make a mistake. ....	*	*
30. I think about killing myself. ....	*	*
31. There have been times when I felt like swearing or smashing things. ....	*	*
32. There is something wrong with the way my mind works. ....	*	*
33. Someone in my family hits me when they are angry. ....	*	*
34. I am afraid of someone because they have been sexual with me. ....	*	*

## PART III

During the past 12 months, how many times

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40+ times
35. have you had alcoholic beverages (including beer, wine, and liquor) to drink? .....	*	*	*	*	*	*	*
36. have you used marijuana (grass, pot) or hashish (hash, hash oil)? .....	*	*	*	*	*	*	*
37. have you used drugs other than alcohol or marijuana? .....	*	*	*	*	*	*	*

38. If you have used other drugs, circle the \* following each drug that you have used at least once during the past 12 months:

- psychedelics (such as LSD, mescaline, peyote, psilocybin, PCP, mushrooms, shrooms) .....
- cocaine (coke, crack, rock) .....
- amphetamines (such as ice, crystal meth, meth, crank, uppers, speed, bennies; not diet pills) .....
- club drugs (such as MDMD, Ecstasy, GHB, roofies or Rohypnol, ketamine or Special K) .....
- sedatives or barbiturates (such as downs, goofballs, yellows, blues, Valium, Xanax, Celexa, Prozac; not prescribed by a doctor) .....
- heroin (smack, horse, skag) .....
- other narcotics (such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, Percocet) .....
- inhalants (such as glue, aerosol from cans, gases, correction fluid) .....
- steroids, androstenedione, or creatine .....

	Never	Grade 6 or before	Grade 7-8	Grade 9-10	Grade 11 or after
39. When did you first get high or drunk? .....	*	*	*	*	*
40. When did you first use regularly? .....	*	*	*	*	*

41. How many cigarettes do you smoke in a day? .....

\* None      \* Less than half a pack      \* About half a pack or more

# **Primary Project Instruments**



**For Office Use Only**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

## Erase changes completely

**Race (select one or more)**

☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ Other

Is the child of Hispanic or Latino origin? ☐ Yes

[illegible]

PreK (P)  
K (K)  
1 (1)  
2 (2)  
3 (3)  
4 (4)  
5 (5)  
6 (6)  
7 (7)  
8 (8)  
9 (9)  
10 (10)  
11 (11)  
12 (12)  
Other ( )

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> Apr	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> June	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> Sept	<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/>
<input type="radio"/> Apr	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="1"/> <input type="text" value="1"/>
<input type="radio"/> May	<input type="text" value="2"/> <input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="2"/>
<input type="radio"/> June	<input type="text" value="3"/> <input type="text" value="3"/>	<input type="text" value="3"/> <input type="text" value="3"/>
<input type="radio"/> July	<input type="text" value="4"/> <input type="text" value="4"/>	<input type="text" value="4"/> <input type="text" value="4"/>
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<input type="radio"/> Sept	<input type="text" value="6"/> <input type="text" value="6"/>	<input type="text" value="6"/> <input type="text" value="6"/>
<input type="radio"/> Oct	<input type="text" value="7"/> <input type="text" value="7"/>	<input type="text" value="7"/> <input type="text" value="7"/>
<input type="radio"/> Nov	<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="8"/> <input type="text" value="8"/>
<input type="radio"/> Dec	<input type="text" value="9"/> <input type="text" value="9"/>	<input type="text" value="9"/> <input type="text" value="9"/>

No	Yes
(N)	(Y) → Grade(s) Repeated    ( <del>K</del> ) ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
(N)	(Y) → Number of Transfers    ① ② ③ ④ ⑤+
(N)	(Y) → Number of Suspensions    ① ② ③ ④ ⑤+
(N)	(Y)
(N)	(Y)
(N)	(Y)
(N)	(Y)
(N)	(Y)
(N)	(Y)
(N)	(Y)
(N)	(Y) Primary Language _____
(N)	(Y)
<input type="checkbox"/> Above Grade Level	<input type="checkbox"/> At Grade Level <input type="checkbox"/> Below Grade Level
(N)	(Y)
(N)	(Y)

No	Yes
<input checked="" type="radio"/> (N)	<input type="radio"/> (Y)
<input checked="" type="radio"/> (N)	<input type="radio"/> (Y)
<input checked="" type="radio"/> (N)	<input type="radio"/> (Y)
<input checked="" type="radio"/> (N)	<input type="radio"/> (Y)

- ☐ Below poverty
- ☐ Lower SES
- ☐ Middle SES
- ☐ Upper SES

- ☐ Both natural or adoptive parents in home
- ☐ Single parent family—divorce or separation
- ☐ Single parent family—other (e.g., death, never married)

☐ Natural/Adoptive parent with stepparent  
☐ Foster placement  
☐ Other

[illegible]

569290



# AML Behavior Rating Scale — Revised (AML-R)

CHILD'S NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YY)

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

<b>SEX</b> <input type="radio"/> (M) <input type="radio"/> (F)		<b>DATE OF BIRTH</b> <table border="1"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						0	0	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9	<b>GRADE</b> Pre-K <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6-8 <input type="radio"/> 9-12 <input type="radio"/> Other <input type="radio"/>		<b>CHILD ID NUMBER</b> <table border="1"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>										0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9
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<b>RACE</b>	
WHITE	<input type="radio"/>
AFRICAN AM.	<input type="radio"/>
NATIVE AM.	<input type="radio"/>
ASIAN	<input type="radio"/>
HISPANIC	<input type="radio"/>
OTHER	<input type="radio"/>

Please rate the child's behavior, as you have observed and experienced it during the past month according to the following scale, by filling in the appropriate number:

- (1) **Never** - You have literally never observed this behavior in this child.
- (2) **Seldom** - You have observed this behavior once or twice.
- (3) **Moderately often** - You have seen this behavior more often than once a month, but less often than once a week.
- (4) **Often** - You have seen this behavior more often than once a week, but less often than daily.
- (5) **Most or all of the time** - You have seen this behavior with great frequency, averaging once a day or more often.

## This child:

	Never	Seldom	Moderately Often	Often	Most or all of the time
1. gets into fights or quarrels with classmates	1	2	3	4	5
2. has to be coaxed to play or work with peers	1	2	3	4	5
3. is confused with school work	1	2	3	4	5
4. is restless	1	2	3	4	5
5. is unhappy	1	2	3	4	5
6. gets off-task	1	2	3	4	5
7. disrupts class discipline	1	2	3	4	5
8. feels hurt when criticized	1	2	3	4	5
9. needs help with school work	1	2	3	4	5
10. is impulsive	1	2	3	4	5
11. is moody	1	2	3	4	5
12. has difficulty learning	1	2	3	4	5



• ERASE CHANGES COMPLETELY



# Child Log

CHILD'S NAME \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST)

CHILD ASSOCIATE(S) \_\_\_\_\_

SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_



• ERASE CHANGES COMPLETELY

MONTHS REPRESENTED	
FILL IN ALL THAT APPLY	
<input type="checkbox"/> SEP.	<input type="checkbox"/> MAR.
<input type="checkbox"/> OCT.	<input type="checkbox"/> APR.
<input type="checkbox"/> NOV.	<input type="checkbox"/> MAY
<input type="checkbox"/> DEC.	<input type="checkbox"/> JUN.
<input type="checkbox"/> JAN.	<input type="checkbox"/> JUL.
<input type="checkbox"/> FEB.	<input type="checkbox"/> AUG.

CHILD ID NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

TODAY'S DATE			
MONTH		DAY	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

INITIAL SESSION			
MONTH		DAY	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

FINAL SESSION			
MONTH		DAY	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

INDIVIDUAL SESSIONS:
NOTES

ASSOCIATE ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

NUMBER OF SESSIONS	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

AVG. SESSION LENGTH
<input type="checkbox"/> 20 min.
<input type="checkbox"/> 25 min.
<input type="checkbox"/> 30 min.
<input type="checkbox"/> 35 min.
<input type="checkbox"/> 40 min.
<input type="checkbox"/> 45 min.
<input type="checkbox"/> 50 min.
<input type="checkbox"/> 55 min.
<input type="checkbox"/> 60 min.
<input type="checkbox"/> 65 min.
<input type="checkbox"/> 70 min.

TYPICAL NUMBER SESSIONS PER WEEK
<input type="checkbox"/> One
<input type="checkbox"/> Two
<input type="checkbox"/> Three
<input type="checkbox"/> Four
<input type="checkbox"/> Five

GROUP SESSIONS:
NOTES

ASSOCIATE ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

NUMBER OF SESSIONS	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
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AVG. SESSION LENGTH
<input type="checkbox"/> 20 min.
<input type="checkbox"/> 25 min.
<input type="checkbox"/> 30 min.
<input type="checkbox"/> 35 min.
<input type="checkbox"/> 40 min.
<input type="checkbox"/> 45 min.
<input type="checkbox"/> 50 min.
<input type="checkbox"/> 55 min.
<input type="checkbox"/> 60 min.
<input type="checkbox"/> 65 min.
<input type="checkbox"/> 70 min.

TYPICAL NUMBER SESSIONS PER WEEK
<input type="checkbox"/> One
<input type="checkbox"/> Two
<input type="checkbox"/> Three
<input type="checkbox"/> Four
<input type="checkbox"/> Five



585349



## Teacher-Child Rating Scale (T-CRS) 2.1

<b>ID Number</b>	<b>Grade</b>	<b>Today's Date</b>	<b>For Office Use Only</b>	<b>Child's Name:</b>																																																																																																																																																																																															
<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>											0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	PreK <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> Other <input type="radio"/>	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>Month</th> <th>Year</th> </tr> <tr><td><input type="radio"/> Jan</td><td><input type="radio"/> 1999</td></tr> <tr><td><input type="radio"/> Feb</td><td><input type="radio"/> 2000</td></tr> <tr><td><input type="radio"/> Mar</td><td><input type="radio"/> 2001</td></tr> <tr><td><input type="radio"/> Apr</td><td><input type="radio"/> 2002</td></tr> <tr><td><input type="radio"/> May</td><td><input type="radio"/> 2003</td></tr> <tr><td><input type="radio"/> June</td><td><input type="radio"/> 2004</td></tr> <tr><td><input type="radio"/> July</td><td><input type="radio"/> 2005</td></tr> <tr><td><input type="radio"/> Aug</td><td><input type="radio"/> 2006</td></tr> <tr><td><input type="radio"/> Sept</td><td><input type="radio"/> 2007</td></tr> <tr><td><input type="radio"/> Oct</td><td><input type="radio"/> 2008</td></tr> <tr><td><input type="radio"/> Nov</td><td><input type="radio"/> 2009</td></tr> <tr><td><input type="radio"/> Dec</td><td><input type="radio"/> 2010</td></tr> </table>	Month	Year	<input type="radio"/> Jan	<input type="radio"/> 1999	<input type="radio"/> Feb	<input type="radio"/> 2000	<input type="radio"/> Mar	<input type="radio"/> 2001	<input type="radio"/> Apr	<input type="radio"/> 2002	<input type="radio"/> May	<input type="radio"/> 2003	<input type="radio"/> June	<input type="radio"/> 2004	<input type="radio"/> July	<input type="radio"/> 2005	<input type="radio"/> Aug	<input type="radio"/> 2006	<input type="radio"/> Sept	<input type="radio"/> 2007	<input type="radio"/> Oct	<input type="radio"/> 2008	<input type="radio"/> Nov	<input type="radio"/> 2009	<input type="radio"/> Dec	<input type="radio"/> 2010	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>						0	0	0	0	0	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3	4	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	8	8	8	8	8	9	9	9	9	9	Teacher: _____ School: _____ <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Sex</b>    <input type="radio"/> M    <input type="radio"/> F       </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">         Screening      Initial      (Middle)      Final  <input type="radio"/>                    <input type="radio"/>                    <input type="radio"/>                    <input type="radio"/> </div>
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Please rate **how much you agree each item describes this child**. Trust your first thoughts. Work quickly and choose **only one** response for each item. Complete every item.

	Strongly Disagree				Strongly Agree
1. A self-starter	1	2	3	4	5
2. Disturbs others while they are working	1	2	3	4	5
3. Participates in class discussions	1	2	3	4	5
4. Lacks social skills with peers	1	2	3	4	5
5. Has difficulty following directions	1	2	3	4	5
6. Accepts imposed limits	1	2	3	4	5
7. Withdrawn	1	2	3	4	5
8. Makes friends easily	1	2	3	4	5
9. Functions well even with distractions	1	2	3	4	5
10. Overly aggressive to peers (fights)	1	2	3	4	5
11. Defends own views under group pressure	1	2	3	4	5
12. Other children shun or avoid this child	1	2	3	4	5
13. Underachieving (not working to ability)	1	2	3	4	5
14. Tolerates frustration	1	2	3	4	5
15. Anxious, worried	1	2	3	4	5
16. Classmates like to sit near this child	1	2	3	4	5
17. Works well without adult support	1	2	3	4	5
18. Defiant, obstinate, stubborn	1	2	3	4	5
19. Expresses ideas willingly	1	2	3	4	5
20. Has trouble interacting with peers	1	2	3	4	5
21. Poorly motivated to achieve	1	2	3	4	5
22. Copes well with failure	1	2	3	4	5
23. Nervous, frightened, tense	1	2	3	4	5
24. Has many friends	1	2	3	4	5
25. Completes schoolwork	1	2	3	4	5
26. Disruptive in class	1	2	3	4	5
27. Comfortable as a leader	1	2	3	4	5
28. Other children dislike this child	1	2	3	4	5
29. Has poor concentration, limited attention span	1	2	3	4	5
30. Accepts things not going his/her way	1	2	3	4	5
31. Does not express feelings	1	2	3	4	5
32. Well liked by classmates	1	2	3	4	5

# Associate-Child Rating Scale (A-CRS)

CHILD'S  
NAME \_\_\_\_\_

(LAST)

(FIRST)

TODAY'S  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

(MM) (DD) (YY)

SEX (M) (F)

TIME OF FORM COMPLETION:  
(Fill in one.)

INITIAL  
(I)

FINAL  
(F)

TEACHER \_\_\_\_\_

SCHOOL \_\_\_\_\_

NUMBER OF SESSIONS TO DATE \_\_\_\_\_

CHILD ID NUMBER

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Based on your direct contacts with this child to date, please rate each of the behaviors according to how well it describes the child now by filling in the corresponding number:

**Describes child:**

Not at  
All

A  
Little

Moderately  
Well

Well

Very  
Well

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 1. Looks forward to coming .....              | (1) | (2) | (3) | (4) | (5) |
| 2. Aggressive .....                           | (1) | (2) | (3) | (4) | (5) |
| 3. Is fearful .....                           | (1) | (2) | (3) | (4) | (5) |
| 4. Completes task .....                       | (1) | (2) | (3) | (4) | (5) |
| 5. Expresses feelings openly .....            | (1) | (2) | (3) | (4) | (5) |
| 6. Tests limits .....                         | (1) | (2) | (3) | (4) | (5) |
| 7. Anxious, worries about things .....        | (1) | (2) | (3) | (4) | (5) |
| 8. Copes well with failure .....              | (1) | (2) | (3) | (4) | (5) |
| 9. Participates enthusiastically .....        | (1) | (2) | (3) | (4) | (5) |
| 10. Fidgety, difficulty sitting still .....   | (1) | (2) | (3) | (4) | (5) |
| 11. Nervous, tense .....                      | (1) | (2) | (3) | (4) | (5) |
| 12. Competes fairly .....                     | (1) | (2) | (3) | (4) | (5) |
| 13. Good rapport with me (child worker) ..... | (1) | (2) | (3) | (4) | (5) |
| 14. Disruptive during sessions .....          | (1) | (2) | (3) | (4) | (5) |
| 15. Sad, unhappy .....                        | (1) | (2) | (3) | (4) | (5) |
| 16. Tolerates frustration .....               | (1) | (2) | (3) | (4) | (5) |
| 17. Maintains eye contact when speaking ..... | (1) | (2) | (3) | (4) | (5) |
| 18. Stubborn, obstinate .....                 | (1) | (2) | (3) | (4) | (5) |
| 19. Feelings are hurt easily .....            | (1) | (2) | (3) | (4) | (5) |
| 20. Mood is balanced and stable .....         | (1) | (2) | (3) | (4) | (5) |



• ERASE CHANGES COMPLETELY

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# Professional Summary Report (PSR)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 (Last) (First)  
 Child Associate: \_\_\_\_\_ Supervising Professional: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM) (DD) (YY)

## Instructions:

This report should be completed by the supervising professional. It should summarize how this student is perceived by the supervising professional, child associate, and teacher(s).



Erase Changes Completely

CHILD ID NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

## TITLE OF PERSON COMPLETING FORM

- 1 Psychologist
- 2 Social Worker
- 3 Counselor
- 4 Other

(please specify)

**Section I: Indicate changes in the student's behavior since the time of referral by filling in the appropriate space for each item. If a behavior never applied to this student, fill in "NA," not applicable.**

	MUCH WORSE	WORSE	SAME	IMPROVED	GREATLY IMPROVED	NA
1. Acting-out/aggressive behaviors	1	2	3	4	5	NA
2. Shy, withdrawn, or anxious behaviors	1	2	3	4	5	NA
3. Task orientation	1	2	3	4	5	NA
4. Frustration tolerance	1	2	3	4	5	NA
5. Assertive social skills	1	2	3	4	5	NA
6. Peer social skills	1	2	3	4	5	NA
7. Initiative and participation	1	2	3	4	5	NA
8. Self-confidence	1	2	3	4	5	NA
9. Interest in school	1	2	3	4	5	NA
10. Academic performance	1	2	3	4	5	NA
11. Overall school behavior	1	2	3	4	5	NA
12. Attendance	1	2	3	4	5	NA
13. Other	1	2	3	4	5	NA

**Section II: Fill in the most appropriate choice for each item below:**

- Child is leaving Project at this time because
  - 1 child had met his/her goals.
  - 2 school year is ending.
  - 3 child is moving or has moved.
  - 4 child has transferred to another helping service (e.g., special education, another school program, outside Mental Health agency).
  - 5 other (please specify) \_\_\_\_\_
- Recommendation for this child is to
  - 1 terminate from Project.
  - 2 continue in Project next fall.
  - 3 evaluate child's progress in the fall as a basis for decision about Project continuation.
  - 4 continue in Project in next school, if available.
  - 5 other (please specify) \_\_\_\_\_

Comments: \_\_\_\_\_

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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# **Second Step<sup>®</sup> Instruments**



### **Second Step Implementation Checklist**

This checklist is intended to help school staff assess school- or agency-wide implementation of the *Second Step* curriculum. This form may also be used to formulate objectives for evaluation in a grant proposal and to document steps toward full implementation. (Additional information may be found in the brochure "Steps for Successful Implementation").

#### **Planning for *Second Step* Implementation**

- \_\_\_ Identified a *Second Step* sponsor (person or group committed to the program and in a position to ensure implementation).
- \_\_\_ Assessed staff interest and commitment.
- \_\_\_ Prepared a budget and secured funding.
- \_\_\_ Created a *Second Step* support team.

#### **Second Step Training**

- \_\_\_ *Second Step* training made available to staff teaching lessons.  
Percentage of program teachers trained: \_\_\_\_\_ %
- \_\_\_ *Second Step* training made available to nonteaching staff.  
Percentage of nonteaching staff trained: \_\_\_\_\_ %
- \_\_\_ Trainer assessed staff satisfaction with initial training (see Trainer's Manual, Handout 15).
- \_\_\_ Follow-up training (booster sessions) made available.
- \_\_\_ Trainer assessed staff satisfaction with booster training (see *Keeping in Step with Second Step: A Guide for Conducting Booster Training Sessions*, page 33).

### **Classroom Support for the *Second Step* Curriculum**

- \_\_\_ Adequate number of curriculum kits obtained.  
On average, how many staff shared one kit? \_\_\_\_\_
- \_\_\_ Lessons presented regularly, according to Scope and Sequence  
(see *Second Step* Lesson-Completion Record).
- \_\_\_ Lessons integrated into daily classroom events  
(see Social-Emotional Learning Checklist).

### **School- or Agency-Wide Support for the *Second Step* Curriculum**

- \_\_\_ *Second Step* support team observed or assisted teachers during program instruction.
- \_\_\_ *Second Step* teachers given release time to observe others teaching lessons.
- \_\_\_ *Second Step* implementation discussed at staff meetings (agenda item).
- \_\_\_ *Second Step* support team developed schoolwide enhancement activities  
(such as displaying *Second Step* posters in lunchroom).
- \_\_\_ Parents and caregivers informed about the *Second Step* program.
  - \_\_\_ Teachers distributed *Second Step* Take-Home Letters.
  - \_\_\_ *Second Step* Family Guide presented (Preschool/Kindergarten–Grade 5).
  - \_\_\_ *Second Step* Family Night presented (Middle School/Junior High).
  - \_\_\_ *Second Step* kits displayed during a family night.

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To learn more about the *Second Step* program, call 1-800-634-4449, ext. 200  
or visit our Web site at [www.cfchildren.org](http://www.cfchildren.org).



## Second Step Lesson-Completion Record

Grade Level \_\_\_\_\_

Directions: Record the lesson number and date when lessons are taught. For those lessons that include student role-plays, indicate the number of students actively involved. (Record NA if lesson does not include role-plays.) The "Notes" column is for comments about how well students grasped the skills or what modifications might assist in student learning.

### Unit I

Lesson #	Date	# of students in skill practice	Notes

### Unit II

Lesson #	Date	# of students in skill practice	Notes

**Second Step<sup>®</sup>: A Violence Prevention Curriculum**  
**Process Evaluation Tools**

**Unit III**

Lesson #	Date	# of students in skill practice	Notes

**Unit IV (Middle School/Junior High only)**

Lesson #	Date	# of students in skill practice	Notes

**Unit V (Middle School/Junior High only)**

Lesson #	Date	# of students in skill practice	Notes

**COMMITTEE FOR CHILDREN**

We are available to assist you as needed at 1-800-634-4449, ext. 200 • [www.cfchildren.org](http://www.cfchildren.org)

## **Second Step Social-Emotional Learning Checklist**

Date \_\_\_\_\_

Most recent *Second Step* lesson taught: Unit \_\_\_\_\_ Lesson # \_\_\_\_\_

Directions: At the end of the school day, place an X by items to indicate events that occurred that day.

- \_\_\_\_ 1. I asked students to help generate or evaluate solutions to a social problem (classroom problem, historical problem, and so on).
- \_\_\_\_ 2. I discussed perspective taking with my students.
- \_\_\_\_ 3. I discussed upcoming opportunities when students might use social problem-solving skills and steps on their own.
- \_\_\_\_ 4. I discussed upcoming opportunities when children might use anger-management strategies and steps on their own.
- \_\_\_\_ 5. I modeled "thinking out loud" about perspective-taking, problem-solving, or anger-management strategies that I might use.
- \_\_\_\_ 6. I intervened in a student conflict by asking students to report how the other party felt about the conflict.
- \_\_\_\_ 7. I intervened in a student conflict by prompting students to use social problem-solving strategies.
- \_\_\_\_ 8. I intervened in a student conflict by prompting students to use anger-management strategies.
- \_\_\_\_ 9. I asked students to help make decisions that affected the whole class.

### **How to Use the Social-Emotional Learning Checklist**

The administrator or other designated staff person may distribute new copies of the SEL-C to teachers on a weekly, bimonthly, or monthly basis.

There are two main ways to use the SEL-C as a process measure. It may be used to monitor how frequently teachers support student skills outside of the student lessons (as with transfer-of-learning events). Alternatively, the SEL-C may be used to examine changes (increase or decrease) in transfer-of-learning events over the course of the *Second Step* program implementation.

There are no predetermined standards or norms for this checklist. Please note that events described in some items may occur less frequently than those in others.

# **LifeSkills<sup>®</sup> Training Instruments**



## LifeSkills Training Questionnaire

### Middle School (LSTQ-MS)

This survey is designed to give us information about your health knowledge, attitudes and behaviors.

None of your answers will be seen by parents, teachers or anyone at your school.

Please answer all of the questions honestly.

Student Code #: \_\_\_\_\_  
School Code #: \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Data Collection Point:  
Pretest \_\_\_\_\_  
Posttest \_\_\_\_\_  
Follow-Up \_\_\_\_\_

**Note to Data Collector:** Prior to distributing the LSTQ, complete the Student Code #, School Code #, and Collection Point on sections above.

## Section A

### 1. My birthday

Month of my birthday		Day of my birthday		Year of my birthday	
Jan	<input type="radio"/>	2 digits ('01' to '31')		1991	<input type="radio"/>
Feb	<input type="radio"/>	①	①	1992	<input type="radio"/>
Mar	<input type="radio"/>	②	②	1993	<input type="radio"/>
Apr	<input type="radio"/>	③	③	1994	<input type="radio"/>
May	<input type="radio"/>		④	1995	<input type="radio"/>
Jun	<input type="radio"/>		⑤	1996	<input type="radio"/>
Jul	<input type="radio"/>		⑥	1997	<input type="radio"/>
Aug	<input type="radio"/>		⑦	1998	<input type="radio"/>
Sep	<input type="radio"/>		⑧	1999	<input type="radio"/>
Oct	<input type="radio"/>		⑨	2000	<input type="radio"/>
Nov	<input type="radio"/>				
Dec	<input type="radio"/>				

2. Are you:                      ① Male      ② Female

3. Who do you live with most of the time? (Pick only one)

- |                         |                                     |                             |
|-------------------------|-------------------------------------|-----------------------------|
| ① Mother and father     | ④ Only father                       | ⑦ Other relative            |
| ② Only mother           | ⑤ Stepmother and father             | ⑧ Guardian or foster parent |
| ③ Mother and stepfather | ⑥ Some with mother/some with father | ⑨ Alone or with friends     |

4. Are you Hispanic or Latino?

- ① Yes                      ② No

5. What is your race? (SELECT ONE OR MORE.)

- |                                 |   |         |
|---------------------------------|---|---------|
| ① American Indian/Alaska Native | ③ Native Hawaiian or Other Pacific Islander | ⑤ White |
| ② Asian                         | ④ Black or African American                 |         |

6. What grade are you in?

- ① 6<sup>th</sup> grade      ② 7<sup>th</sup> grade      ③ 8<sup>th</sup> grade      ④ 9<sup>th</sup> grade

7. What grades do you generally get in school? (Pick only one)

- |                       |                      |                               |
|-----------------------|----------------------|-------------------------------|
| ① Mostly A's (90-100) | ③ Mostly C's (70-79) | ⑤ D's or lower (less than 60) |
| ② Mostly B's (80-89)  | ④ Mostly D's (60-69) |                               |

8. About how many days were you absent from school last year? (Pick only one)

- ① None      ② 1-2 days      ③ 3-6 days      ④ 7-15 days      ⑤ 16 or more days

## Section B

**Directions:** Read each statement below and indicate whether you think each is True or False by filling in the appropriate circle.

	True ①	False ②
1. Most adults smoke cigarettes.	①	②
2. Smoking a cigarette causes your heart to beat slower.	①	②
3. Few adults drink wine, beer, or liquor everyday.	①	②
4. Most people my age smoke marijuana.	①	②
5. Smoking marijuana causes your heart to beat faster.	①	②
6. Most adults use cocaine or other hard drugs.	①	②
7. Cocaine and other hard drugs always make you feel good.	①	②
8. What we believe about ourselves affects the way we act or behave.	①	②
9. It is almost impossible to develop a more positive self-image.	①	②
10. It is important to measure how far you have come toward reaching your goal.	①	②
11. It's a good idea to make a decision and then think about the consequences later.	①	②
12. Smoking can affect the steadiness of your hands.	①	②
13. A stimulant is a chemical that calms down the body.	①	②
14. Smoking reduces a person's endurance for physical activity.	①	②
15. A serving of beer or wine contains less alcohol than a serving of "hard liquor" such as whiskey.	①	②
16. Alcohol is a depressant.	①	②
17. Marijuana smoking can improve your eyesight.	①	②
18. Some advertisers are deliberately deceptive.	①	②
19. Companies advertise only because they want you to have all the facts about their product.	①	②
20. It's a good idea to get all information about a product from its ads.	①	②
21. Most people do not experience anxiety.	①	②

	<b>True ①</b>	<b>False ②</b>
22. There is very little you can do when you feel anxious.	①	②
23. Deep breathing is one way to lessen anxiety.	①	②
24. Mental rehearsal is a poor relaxation technique.	①	②
25. You can avoid misunderstandings by assuming the other person knows what you mean.	①	②
26. Effective communication is when both sender and receiver interpret a message in the same way.	①	②
27. Relaxation techniques are of no use when meeting people.	①	②
28. A compliment is more effective when it is said sincerely.	①	②
29. A nice way of ending a conversation is to tell the person you enjoyed talking with him/her.	①	②
30. Sense of humor is an example of a non-physical attribute.	①	②
31. It's better to be polite and lead someone on, even if you don't want to go out with them.	①	②
32. Almost all people who are assertive are either rude or hostile.	①	②



## Section C

**Directions:** Please fill in the circle to show how much you agree or disagree with each statement.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
	①	②	③	④	⑤
1. Kids who drink alcohol are more grown-up.	①	②	③	④	⑤
2. Smoking cigarettes makes you look cool.	①	②	③	④	⑤
3. Kids who drink alcohol have more friends.	①	②	③	④	⑤
4. Kids who smoke have more friends.	①	②	③	④	⑤
5. Drinking alcohol makes you look cool.	①	②	③	④	⑤
6. Smoking cigarettes lets you have more fun.	①	②	③	④	⑤
7. Kids who smoke cigarettes are more grown-up.	①	②	③	④	⑤
8. Drinking alcohol lets you have more fun.	①	②	③	④	⑤

## Section D

**Directions:** Please fill in the circle to show how you would handle the following situations.

	Definitely would ①	Probably would ②	Not sure ③	Probably would not ④	Definitely would not ⑤
<b>How likely would you be to:</b>					
1. Say "no" when someone tries to get you to smoke a cigarette?	①	②	③	④	⑤
2. Say "no" when someone tries to get you to drink beer, wine, or liquor?	①	②	③	④	⑤
3. Say "no" when someone tries to get you to smoke marijuana or hashish?	①	②	③	④	⑤
4. Say "no" when someone tries to get you to use cocaine or other drugs?	①	②	③	④	⑤
5. Say "no" when someone tries to get you to sniff glue, paint, gas, or other things you inhale to get high?	①	②	③	④	⑤

	Definitely would ①	Probably would ②	Not sure ③	Probably would not ④	Definitely would not ⑤
<b>How likely would you be to do the following things?</b>					
6. Tell someone if they give you less change (money) than you're supposed to get back after you pay for something.	①	②	③	④	⑤
7. Say "no" to someone who asks to borrow money from you.	①	②	③	④	⑤
8. Tell someone to go to the end of the line if they try to cut in line ahead of you.	①	②	③	④	⑤

	Definitely would ①	Probably would ②	Not sure ③	Probably would not ④	Definitely would not ⑤
<b>When you feel anxious, you:</b>					
9. Relax all the muscles in your body, starting with your feet and legs.	①	②	③	④	⑤
10. Breathe in slowly while you count to four and hold your breath for four and breathe out for a count of four.	①	②	③	④	⑤

	Strongly Disagree ①	Disagree ②	Neither Agree Nor Disagree ③	Agree ④	Strongly Agree ⑤
<b>In general:</b>					
11. If you find that something is really difficult, you get frustrated and quit.	①	②	③	④	⑤
12. You stick to what you're doing until you're finished with it.	①	②	③	④	⑤

***Thank you for completing this survey!***

# **School-level Outcome Instruments**

# **2007 Youth Risk Behavior Survey**

**2007**  
**Youth Risk Behavior Survey**  
**High School Questionnaire**

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o If you change your answer, erase your old answer completely.

1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
2. What is your sex?
  - A. Female
  - B. Male
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. Ungraded or other grade
4. Are you Hispanic or Latino?
  - A. Yes
  - B. No
5. What is your race? (**Select one or more responses.**)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next 4 questions ask about safety.

8. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet

9. How often do you wear a seat belt when **riding in** a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

10. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

The next 2 questions ask about bullying.

12. During the past 12 months, how many times have you been harassed or bullied **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times



13. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

**The next 17 questions ask about violence-related behaviors.**

14. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
15. During the past 30 days, on how many days did you carry **a gun**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
16. Have you or any of your friends or family members been shot at or wounded by a gun? (Do **not** include being shot at or wounded by a gun while in the military or in a war.)
- A. Yes
  - B. No
17. Is there currently a gun where you live, in your car, or in your family's car?
- A. Yes
  - B. No
  - C. Not sure
18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
19. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
20. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
21. Have you ever been threatened or hurt because someone thought you were gay, lesbian, or bisexual?
- A. Yes
  - B. No

22. During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian, or bisexual?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
23. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
24. If someone wanted to fight with you, what would you probably do? (Select only **one** response.)
- A. Walk away
  - B. Talk my way out of it
  - C. Fight back
  - D. Yell for help
  - E. Get help from friends
  - F. Get help from an adult
  - G. Something else
  - H. Not sure
25. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
26. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
27. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

28. The **last time** you were in a physical fight, with whom did you fight?
- A. I have never been in a physical fight
  - B. A total stranger
  - C. A friend or someone I know
  - D. A boyfriend, girlfriend, or date
  - E. A parent, brother, sister, or other family member
  - F. Someone not listed above
  - G. More than one of the persons listed above
29. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
30. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

31. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
  - B. No

32. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
33. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
34. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
35. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
  - B. Yes
  - C. No

**The next 11 questions ask about tobacco use.**

36. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No

37. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
38. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
39. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day
40. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way
41. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
42. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No

43. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No
44. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
45. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
46. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

47. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
48. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
49. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

50. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
51. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way
52. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.**

53. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
54. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
55. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
56. During the past 30 days, how many times did you use marijuana **on school property**?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

**The next 9 questions ask about other drugs.**

57. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
58. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
59. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
60. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
61. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
62. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
63. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

64. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
65. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

**The next 9 questions ask about sexual behavior.**

66. Have you ever had sexual intercourse?
- A. Yes
  - B. No
67. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older

68. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
69. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but not during the past 3 months
  - C. 1 person
  - D. 2 people
  - E. 3 people
  - F. 4 people
  - G. 5 people
  - H. 6 or more people
70. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
71. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No



72. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
  - B. No method was used to prevent pregnancy
  - C. Birth control pills
  - D. Condoms
  - E. Depo-Provera (injectable birth control)
  - F. Withdrawal
  - G. Some other method
  - H. Not sure
73. With whom have you had sexual contact?
- A. I have not had sexual contact with anyone
  - B. Females
  - C. Males
  - D. Females and males
74. Which of the following best describes you?
- A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. Not sure

**The next 7 questions ask about body weight.**

75. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight

76. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight
77. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
78. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
79. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
80. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A. Yes
  - B. No

81. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

A. Yes  
B. No

**The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

82. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

A. I did not drink 100% fruit juice during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

83. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

A. I did not eat fruit during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

84. During the past 7 days, how many times did you eat **green salad**?

A. I did not eat green salad during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

85. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

A. I did not eat potatoes during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

86. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
87. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
88. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

89. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
  - G. 4 or more glasses per day

**The next 5 questions ask about physical activity.**

90. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

91. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
92. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
93. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

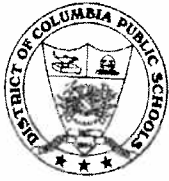
94. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next 3 questions ask about other health-related topics.**

95. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
96. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
97. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure

**This is the end of the survey.  
Thank you very much for your help.**

# **DCPS Student Survey**



## District of Columbia Public Schools Student Survey Spring 2008

Chancellor Rhee wants to hear from you! This survey will help the chancellor and school administrators better understand what students think about their schools and how to make them better. This is a confidential survey. This means that your responses will not be discussed. All of the students' responses will be combined together, no one's individual responses will be known and your name will never be used. This is also a voluntary survey, you are not required to participate but your feedback would be very valuable.

This survey is not a test. There are no right or wrong answers. This survey asks only for your honest experiences and opinions. We also need your responses to be your own, so please don't talk to your classmates during the survey. If you are really not sure about an answer, you should leave it blank. You can also skip any questions that you do not feel comfortable answering.

Please make sure to clearly bubble in your responses using a pencil. For each question, select the ONE response that most closely shows how you feel. The survey should take approximately 20 minutes to complete.

### Student ID (7 Digit Number) \_\_\_\_\_

(Please bubble in your student ID below. This is for student verification purposes, this will be confidential and will NOT be included in results or reports.)

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

### Please bubble in your schools below:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Anacostia Senior High School | <input type="radio"/> Francis Junior High School  | <input type="radio"/> Prospect LC                 |
| <input type="radio"/> Backus Middle School         | <input type="radio"/> Garnet-Patterson MS         | <input type="radio"/> Ronald H. Brown MS          |
| <input type="radio"/> Ballou Senior High School    | <input type="radio"/> Hamilton Center             | <input type="radio"/> Roosevelt High School       |
| <input type="radio"/> Bell High School             | <input type="radio"/> Hardy Middle School         | <input type="radio"/> School WW High School       |
| <input type="radio"/> Benjamin Banneker Acad HS    | <input type="radio"/> Hart Middle School          | <input type="radio"/> Sharpe Health School        |
| <input type="radio"/> Browne Junior High School    | <input type="radio"/> Hine Middle School          | <input type="radio"/> Shaw MS                     |
| <input type="radio"/> Cardozo High School          | <input type="radio"/> Jefferson MS                | <input type="radio"/> Sousa Middle School         |
| <input type="radio"/> Child & Family Svcs - Reg Ed | <input type="radio"/> Johnson MS                  | <input type="radio"/> Spingarn Center             |
| <input type="radio"/> Choice Academy @ Douglass    | <input type="radio"/> Kelly Miller MS             | <input type="radio"/> Spingarn High School        |
| <input type="radio"/> Choice Academy @ Taft        | <input type="radio"/> Kramer Middle School        | <input type="radio"/> Spingarn Stay SHS           |
| <input type="radio"/> Coolidge High School         | <input type="radio"/> Lincoln Middle School       | <input type="radio"/> Stuart-Hobson Middle School |
| <input type="radio"/> Deal Junior High School      | <input type="radio"/> Luke C. Moore Academy       | <input type="radio"/> Takoma Educational Center   |
| <input type="radio"/> Douglass Transition Academy  | <input type="radio"/> M.M. Washington SHS         | <input type="radio"/> Walker-Jones EC             |
| <input type="radio"/> Duke Ellington School        | <input type="radio"/> Macfarland Middle School    | <input type="radio"/> Washington Center           |
| <input type="radio"/> Dunbar High School           | <input type="radio"/> Marshall Educational Center | <input type="radio"/> Wilson High School          |
| <input type="radio"/> Dunbar Pre-Engineering       | <input type="radio"/> McKinley Technology High    | <input type="radio"/> Winston EC                  |
| <input type="radio"/> Eastern High School          | <input type="radio"/> Merritt Middle School       | <input type="radio"/> Woodson Business & Finance  |
| <input type="radio"/> Eliot Junior High School     | <input type="radio"/> Oyster Adams Bilingual      | <input type="radio"/> Woodson High School         |
|  | <input type="radio"/> Patricia R Harris Ed Center |   |
|  | <input type="radio"/> Powell Elementary School    |   |



## District of Columbia Public Schools Student Survey Spring 2008

The first set of questions asks about your satisfaction with the **school district** and **your school** overall. Please answer this set of questions based on your experiences so far **this school year**.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The school district is on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school is on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am strongly supported within my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff, parents, and community members at my school have a shared vision of student learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What grade would you give your school?

☐ A      ☐ B      ☐ C      ☐ D      ☐ F

Please indicate how much you agree or disagree with the following statements about **safety** at your school.

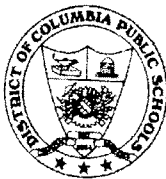
	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Everyone is expected to follow the school rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. School entrances are always monitored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. School security devices (e.g., cameras) work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Security personnel at my school do a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how **safe** you feel in the following places.

	Very Safe	Mostly Safe	Somewhat Safe	Not Safe
1. Outside around the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Walking to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the hallways and bathrooms of the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In your classes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how satisfied you are with the following aspects of **Food and Nutrition Services**.

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
1. Food variety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Food quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# District of Columbia Public Schools Student Survey Spring 2008

Please indicate how much you agree or disagree with the following statements about the approaches of your school's **local leadership**.

<b>The principal at my school...</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. ... shares his/her goals for our school with students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... makes the school run smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... looks out for students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ... visit the classrooms frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ... sets high standards for student learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ... is available to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ... highlights <i>student</i> accomplishments regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ... asks students about their ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

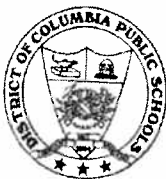
Please indicate how much you agree or disagree with the following statements about **staff at your school** this year.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. Staff and the administrator(s) get along well at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The teachers at my school are good at their jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is at least one adult at this school I can talk to if something is wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Teachers here set high standards for students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements about your school this year.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I would recommend my school to other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school embraces cultural diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This school is a welcoming place for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The school engages my parents in key issues (i.e., school consolidations, budget, progress toward DCPS goals).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## District of Columbia Public Schools Student Survey Spring 2008

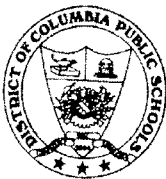
Please indicate the extent to which you agree or disagree with the following statements about the approaches of your school's **teachers**.

<b>The teachers at my school...</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. ... look out for the personal welfare of students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... help maintain discipline in the entire school, not just in their classrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... take responsibility for improving their school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ... treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...give me extra help when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...treat all students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>My teachers...</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. ...inspire me to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...often connect what I am learning to life outside the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...encourage students to share their ideas about things we are studying in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...often require me to explain my answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...often assign homework that helps me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements about **instructional practices** at your school.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. We have enough books for all students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My classrooms have the instructional materials we need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When students in this school already know the material that is being taught, the teacher gives them more advanced assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In my classes, we often discuss different interpretations of things we read.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. All students in this school are expected to take advanced classes, such as honors, Advanced Placement (AP), or International Baccalaureate (IB), or classes that lead to professional certification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My classes really make me think.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The topics we are studying are interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The topics we are studying are challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## District of Columbia Public Schools Student Survey Spring 2008

Please indicate how much you agree or disagree with the following statements about **students and your school building** this year.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Classrooms in my school are in good physical condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My school is well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section of the survey includes questions about your **access to technology** at your school. Please indicate **how often** the following statements are true at your school.

	Always	Some-times	Rarely	Never
1. We have enough computers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. We have appropriate computer software.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have easy access to the Internet at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have easy access to a printer that works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Current technology is used in my classrooms (e.g., LCD, SmartBoards).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements about your **goals and general views about school**.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I try hard to do well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I know what I do well in school and what areas I need to work on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I ask for help from my teachers or others when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I make a decision, I think about what might happen afterwards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I set goals and then work to achieve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I respect the ways in which people are different.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I get along well with other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I work well with other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Do you know what grades you are getting in your current classes? ☐ Yes ☐ No

2. Do you know your cumulative GPA? ☐ Yes ☐ No

2a) If YES, what is your cumulative GPA? \_\_\_\_\_

3. Have you seen your DC CAS scores from prior years? ☐ Yes ☐ No

4. Did you get a DC CAS score last year? ☐ Yes ☐ No

4a) If YES, what was your score? \_\_\_\_\_



# District of Columbia Public Schools Student Survey Spring 2008

This section is about **extracurricular** activities and programs. Please indicate if these are available at your school, if you would like to participate in them and if you have participated in them.

	Are the following <b>activities available</b> at your school?	<b>Would you like to</b> participate in the following activities at your school?	<b>Have you</b> participated in the following activities at your school?
School sports	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Dance or Cheerleading	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Arts or music groups	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cultural/Heritage club	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Student council or student government	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Credit Recovery	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tutoring	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PSAT, SAT, or AP exam preparation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Career/Technology education	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Club that provides community service/volunteer work	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
School yearbook, newspaper, or literary magazine	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Junior Reserve Office Training Corps (JROTC)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

It would help us understand group responses better if you would tell us a little bit more about yourself.

**Are you?** ☐ Male ☐ Female

**What grade are you in?** ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> ☐ Other \_\_\_\_\_

**How would you describe yourself? (Please select all that apply.)**

- ☐ Black or African American
- ☐ Hispanic or Latin American
- ☐ White or Caucasian
- ☐ Native American
- ☐ Asian/Pacific Islander
- ☐ Other (please specify): \_\_\_\_\_

**Do you have an Individualized Education Plan (IEP)?** ☐ Yes ☐ No

**Do you speak a language other than English?** ☐ Yes, I speak \_\_\_\_\_ ☐ No



**District of Columbia Public Schools Student Survey  
Spring 2008**

What are the **biggest improvements** we can make in the **school district**?

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What are the biggest **improvements** we can make in your **school**?

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<b>Additional questions for students in 9<sup>th</sup> through 12<sup>th</sup> grade</b>
--

1. Are you aware of the high school graduation requirements? ☐ Yes ☐ No

2. Are you on track towards high school graduation? ☐ Yes ☐ No

3. What are your plans after high school?

☐ **Continue School:** ☐ 4 year college ☐ 2 year college ☐ Enroll in a technical school

If you will be attending school after high school is it: ☐ Private ☐ Public ☐ Don't Know

☐ **Join the military, specifically:** ☐ Army ☐ Navy ☐ Air Force ☐ Marines

☐ **Get a job doing:** \_\_\_\_\_

☐ **Other plans:** \_\_\_\_\_

☐ **Not Sure**

4. How prepared do you feel for the next phase of your education, on a scale of 1 to 5 (5 being the most prepared)?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Have you taken any preparation courses to help you prepare for taking college entrance tests (like SAT or ACT)?

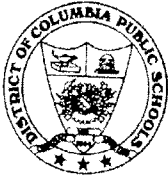
☐ Yes ☐ No

6. Have you taken any college entrance tests? (Please mark all that apply)

☐ SAT ☐ ACT ☐ Other: \_\_\_\_\_

**Thank you for sharing your feedback!**

# **DCPS Parent/Guardian Survey**



## DCPS Parent/Guardian Survey

(500 Parents Polled)

Hello, may I please speak with (insert from our file) or the guardian of (insert from our file) who attends (insert from our file) school?

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the DC public school system. We are asking parents and guardians about their experiences with DC public schools and want to know your level of satisfaction with DCPS. This is a confidential survey. Everyone's responses will be combined together so that no individual responses will be known and your name will never be used. Your feedback will be used to help improve our schools and your cooperation is greatly appreciated.

This survey asks only for your honest experiences and opinions. It should take approximately 15 minutes to complete.

### First we would like to know a little more about you.

Just to confirm are you the Parent, Guardian, Grandparent, Aunt/Uncle or another family member of (insert) ?  
☐ Parent ☐ Guardian ☐ Grandparent ☐ Aunt/Uncle ☐ Other family member \_\_\_\_\_

How many of your children attend DCPS schools? \_\_\_\_\_

### For the remainder of this survey, we will be discussing (insert from our file) school.

How many of your children attend (insert from our file) school? \_\_\_\_\_

What grades are your children in? \_\_\_\_\_

In your household, what languages are spoken? (Check all that apply)

☐ English ☐ Spanish ☐ French ☐ Chinese ☐ Vietnamese ☐ Amharic ☐ Other \_\_\_\_\_

Respondent's gender is: ☐ Male ☐ Female

Do your children attend school in the same ward that you live in? ☐ Yes ☐ No

Which ward do you live in? \_\_\_\_\_

### **AFTER the survey is completed the telephone interviewer asks the following 2 questions:**

What is the highest level of education you completed?

☐ Grades 1 – 8 ☐ Some High School ☐ High School graduate ☐ Some College/Technical School  
☐ College graduate ☐ Post-graduate education

What is your background? (Check all that apply):

☐ African ☐ Black/African American ☐ Asian ☐ Asian American ☐ Latino/Hispanic ☐ Native American  
☐ White ☐ Other \_\_\_\_\_

Now we will begin the survey. Please keep in mind that you are completing one survey for (insert from our file) school even if you have more than one child at this school.

The first set of questions asks about your satisfaction with the **school district** and **your school** overall. Please answer this set of questions based on your experiences **this school year**.

<b>This year</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
1. The school district is on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school is on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff, parents, and community members at my school have a shared vision of student learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The second set of questions asks about your satisfaction with the **school district** and **your school** overall. Please answer this set of questions based on your experiences **last school year**.

<b>Last Year</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
1. The school district was on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school was on the right track for student achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff, parents, and community members at my school have a shared vision of student learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how satisfied you are with the following.

<b>How satisfied are you with the following at this school:</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Don't Know</b>
Quality of instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic progress of my child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical condition of the classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School maintenance (i.e., plumbing, heating, air conditioning, electricity, lighting, cleanliness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety inside the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety outside, around the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School's Office Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Security Officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the school communicates with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the school district communicates with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of parental engagement (i.e., parent meetings, being part of decision making)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, what grade would you give **this school**? ☐ A ☐ B ☐ C ☐ D ☐ F ☐ Don't Know

What grade would you give the **DC public school system**? ☐ A ☐ B ☐ C ☐ D ☐ F ☐ Don't Know

What grade would you give the public schools nationally? ☐ A ☐ B ☐ C ☐ D ☐ F ☐ Don't Know

Do you plan to keep your child in DC public schools? ☐ Yes ☐ No ☐ Don't Know

If not, why not? \_\_\_\_\_

<b>How much do you agree with the following questions about how the school communicates with you?</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
1. This school keeps me regularly informed of my child(ren)'s progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Teachers contact me promptly with concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Teachers contact me with good news.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I receive written information that is easy for me to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I receive interpretations/translations when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know the district's policies on <u>students'</u> rights and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I know of the district's policies on <u>parents'</u> rights and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>How much do you agree with the following statements about your child's school?</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
8. Parents are asked for input on important decisions about the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel welcome in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. School staff members are helpful in answering my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. This school treats me in a fair and respectful manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. This school shows respect for my culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. This school applies the same discipline procedures to all students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. This school makes student learning its # 1 priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Teachers have the resources they need to teach effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. This school provides extra help when my child(ren) needs it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. This school does a good job preparing my child(ren) for success in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>How much do you agree with the following views?</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
18. I am informed of my child(ren)'s grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I know what my child(ren) should learn in his/her grade level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I know how my child(ren) is doing in school compared to other children in his/her grade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. It is important for me to be involved in my child(ren)'s education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. This school provides me with opportunities to learn how to help my child(ren) succeed in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I know how I can volunteer at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I know how to support my child(ren)'s educational progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am confident my child(ren) will graduate from High School.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am confident my child(ren) will go to college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, what grades does your child(ren) receive?    ☐ Mostly A's    ☐ Mostly B's    ☐ Mostly C's    ☐ Mostly D's  
☐ Mostly F's    ☐ Don't Know



The next few questions are about your child(ren)'s daily routine.

Usually, how often does your child(ren) have:	Not at all	1-2 times/week	3-4 times/week	5 or more times/week	Don't Know
A good night's rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced/nutritious meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focused time to do homework without TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone check his/her schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What aspect of your child(ren)'s school is <b>most important to</b> you? (Please select <b>1</b> )	What are the <b>next top 2</b> aspects that are important to you? (Please select <b>2</b> )	What area does this school need to <b>focus on improving</b> the most? (Please select <b>1</b> )
<input type="radio"/> Welcoming environment <input type="radio"/> Academics/Student Learning <input type="radio"/> School's leadership/Principal <input type="radio"/> Teachers <input type="radio"/> Safety <input type="radio"/> Facility/Building <input type="radio"/> Location <input type="radio"/> Other _____	<input type="radio"/> Welcoming environment <input type="radio"/> Academics/Student Learning <input type="radio"/> School's leadership/Principal <input type="radio"/> Teachers <input type="radio"/> Safety <input type="radio"/> Facility/Building <input type="radio"/> Location <input type="radio"/> Other _____	<input type="radio"/> Welcoming environment <input type="radio"/> Academics/Student Learning <input type="radio"/> School's leadership/Principal <input type="radio"/> Teachers <input type="radio"/> Safety <input type="radio"/> Facility/Building <input type="radio"/> Location <input type="radio"/> Other _____

Did you have any interactions with the following departments/offices this year?				If Yes, how satisfied were you with your experience?			
Bilingual Education	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Unsatisfied	<input type="radio"/> Very Unsatisfied		
Special Education	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Unsatisfied	<input type="radio"/> Very Unsatisfied		
Student Intervention	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Unsatisfied	<input type="radio"/> Very Unsatisfied		
After school program	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Unsatisfied	<input type="radio"/> Very Unsatisfied		
Summer school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Unsatisfied	<input type="radio"/> Very Unsatisfied		

	Are the following opportunities available for you to participate in this school?	Have you participated in the following activities at this school?	Would you like to participate in the following activities at this school?
Parent Teacher Organization (PTO)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Back to school Night	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Assist with Fund Raising	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Local School Restructuring Team	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Special events committee	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parent workshops/information sessions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Volunteering in classroom	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Volunteering in school	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

What types of programs and workshops would you like the schools to provide for you as a parent/guardian? (Please check your top 5 choices)

- |   |   |
|---|---|
| <input type="radio"/> Understanding the DC public school system | <input type="radio"/> Effective discipline strategies |
| <input type="radio"/> Getting to know your community resources  | <input type="radio"/> Understanding child development |
| <input type="radio"/> Job development                           | <input type="radio"/> Stress management               |
| <input type="radio"/> Computer literacy                         | <input type="radio"/> Parenting support groups        |
| <input type="radio"/> Parent/child classes (e.g., Mommy and me) | <input type="radio"/> Other _____                     |
| <input type="radio"/> Family literacy                           |   |

What are the **best ways** for the school to communicate with you? (Check all that apply)

- |   |   |
|---|---|
| <input type="radio"/> School letters sent home with child | <input type="radio"/> Telephone call from someone at the school |
| <input type="radio"/> Teacher meetings                    | <input type="radio"/> US Mail                                   |
| <input type="radio"/> PTO newsletters                     | <input type="radio"/> Email                                     |
| <input type="radio"/> School bulletin board               | <input type="radio"/> Television and/or radio _____             |
| <input type="radio"/> Automated phone messaging system    |   |

This section is about **extracurricular** activities and programs. Please indicate if these are available at this school, if you would like your child(ren) to participate in them and if your child(ren) has participated in them.

	Are the following <b>activities available</b> at this school?	Has your <b>child(ren)</b> participated in the following activities at this school?	Would you like your <b>child(ren)</b> to participate in the following activities at this school?
School sports	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Dance or Cheerleading	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Arts or music groups	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cultural/Heritage club	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Student council or student government	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Credit Recovery/opportunities to catch up with school credits	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tutoring	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
PSAT, SAT, or AP exam preparation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Career/Technology education	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Club that provides community service/volunteer work	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
School yearbook, newspaper, or literary magazine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Junior Reserve Office Training Corps (JROTC)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

What do you think are the **biggest problems** the public schools of your community must deal with?

- |   |   |
|---|---|
| <input type="radio"/> Lack of financial support/funding/money | <input type="radio"/> Concern about standards/quality                   |
| <input type="radio"/> Lack of discipline, need more control   | <input type="radio"/> Difficulty getting good teachers/quality teachers |
| <input type="radio"/> Overcrowded schools                     | <input type="radio"/> Difficulty getting good school Leadership         |
| <input type="radio"/> Fighting/violence                       | <input type="radio"/> Use of drugs                                      |
| <input type="radio"/> Gangs                                   | <input type="radio"/> Other _____                                       |

What do you like most about this school?

What would you like to change at this school?

**Thank you! The information you have provided will help shape DCPS!**

If you would like to provide additional comments, please email [FamilyandCommunity@dc.gov](mailto:FamilyandCommunity@dc.gov) or call (202) 442-5191.

# **ICSIC Member Survey**

# ICSIC Member Survey

## 1. ICSIC Member Survey

As a member of the Interagency Collaboration and Services Integration Commission (ICSIC), you are being asked to complete this short survey for the annual report that is due to you at the end of the year. This survey, prepared by Development Services Group, Inc., the ICSIC independent evaluator, respectfully solicits your views on the Commission's contributions to achieving the Six Citywide Goals for Children and Youth and levels of collaboration. The findings from this survey will be an important element in the upcoming report required by Title V, Sec. 503, of the Public Education Reform Amendment Act of 2007. Your responses will be used anonymously; they will not be attributed to you. The survey should take about 10 minutes to fill out. We thank you in advance for your response, and we hope that you find the information useful in the Commission's work.

**\* 1. Please enter your name, title and organization with which you are associated.**

Name	<input type="text"/>
Title	<input type="text"/>
Agency	<input type="text"/>

# ICSIC Member Survey

## 2. ICSIC and the Six Citywide Goals

**2. To what extent do you think the Commission has fostered progress on the Six Citywide Goals for children and youth?**

	1 Not at all	2 Little	3 Somewhat	4 Much	5 Very Much
a. Children are ready for school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Children and youth succeed in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Children and youth practice healthy behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Children and youth engage in meaningful activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Children and youth live in healthy, stable, and supportive families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Youth make a successful transition to adulthood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Briefly describe the most important steps that you believe the Commission could take to improve interagency collaboration toward achieving the Six Citywide Goals for Children and Youth.**

a.	<input type="text"/>
b.	<input type="text"/>
c.	<input type="text"/>

# ICSIC Member Survey

## 3. Collaboration

**4. On the scale below, please select the level that best describes the extent to which your agency currently interacts with each ICSIC member. (Skip the row with your own agency's name.)**

	(1) <b>Networking</b> Infrequent communication; loosely defined roles.	(2) <b>Cooperation</b> Formal communications; somewhat defined roles.	(3) <b>Partnering</b> Frequent communication; sharing of resources and information.	(4) <b>Merging</b> Frequent and prioritized communication; high degree of problem solving; merging of resources.	(5) <b>Unifying</b> Frequent communication characterized by mutual trust; consensus is reached on all decisions.
Chairman of the Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committee on Human Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Court, Superior Court of the District of Columbia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deputy Mayor for Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City Administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Superintendent of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chancellor of the District of Columbia Public Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Charter School Board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Human Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child and Family Services Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Youth Rehabilitative Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Corrections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metropolitan Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Social Services Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attorney General for the District of Columbia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Justice Coordinating Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Parks and Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District of Columbia Public Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department on Disability Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Technology Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and Youth Investment Trust Corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Advisory Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ICSIC Member Survey

**5. Briefly describe the most important steps that you believe ICSIC could take to improve the relationship between your agency and other agencies that are important for your work.**

- a.
- b.
- c.

**6. Please select the statement that best describes the Commission's overall functioning at this time.**

- ☐ 1. ICSIC has formed preliminary goals, but buy-in is not yet established.
- ☐ 2. ICSIC is fragmented but is beginning to think about effectively working together.
- ☐ 3. ICSIC is cohesive but not action-oriented, and is beginning to work together toward common goals.
- ☐ 4. ICSIC is cohesive, has achieved some goals, and wants to achieve additional goals.
- ☐ 5. ICSIC is cohesive, is active, has achieved most goals, and consistently works toward improving group communication.

**7. Briefly describe the most important steps that you believe the Commission could take to improve overall interagency collaboration.**

- a.
- b.
- c.

### 4. Thank You!

Thank you for taking the time to complete this survey. We hope to be in touch with you again with a follow up survey in about 6 months.



# **DSG Process Evaluation Instruments**

# **Focus Group Protocols**

## FOCUS GROUP CONSENT FORM DC START PROGRAM

You have been invited to participate in an evaluation of the DC START Program. The study is being conducted by Development Services Group, Inc. (DSG) and is funded by the DC Office of the Deputy Mayor for Education through the Interagency Collaboration and Services Integration Commission (ICSIC).

Your participation in this study is completely **voluntary**, and there is no penalty if you do not choose to participate.

**What is this focus group about?** We are conducting focus groups and interviews with staff from each program in the DCPS that we are evaluating. What we learn from this group will help us understand more about how the program is functioning, which in turn will help us in the overall evaluation of the program.

**What will the focus group cover?** The focus group will last about one hour. We will ask questions about your experience implementing the DC START program. There are no right and wrong answers. You are the experts about this program. It is our goal to learn from you.

**What about confidentiality?** We do not expect any personal information to be shared. We ask each person to keep confidential any personal information that is shared during the group. We will audio record what you say so that we have an accurate record of it. However, no information will be reported with anyone's name or other identifiers connected to it nor will the tape be shared with anyone outside of the evaluators. When we are finished transcribing the recordings, they will be destroyed. If anyone in the group does not want to be recorded, we will turn ~~it~~ the recorder off.

**Are there any risks or benefits?** There are no known risks associated with participation in this focus group. Although we will be talking about things that directly relate to your job, the topics are primarily about the process of implementing the program and staff understandings about the program purpose. The information you provide may help to improve the program.

**Your participation in this focus group is voluntary.** You have the right to stop participating at any time without penalty. You have the right to refuse to answer particular questions or to decline from speaking about any topics that would make you uncomfortable. Your name will never be used in any report.

**What should I do if I have questions about the study?** If you have questions about your rights as a study participant, you may contact Marcia Cohen, Project Director, at 301-951-0056.

**Consent:** If you agree to be a part of this focus group, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOCUS GROUP PROTOCOL**  
**Evaluation of DC START School Intervention**  
**DC START: CLINICIANS**

**I. INTRODUCTION (SAMPLE SCRIPT)**

**Who is conducting the evaluation?** You have been invited to participate in an evaluation of the DC START Program. The study is being conducted by Development Services Group, Inc. (DSG) and is funded by the DC Office of the Deputy Mayor for Education through the Interagency Collaboration and Services Integration Commission (ICSIC). The evaluation will help us learn more about programs implemented in the DC schools for prevention of violence/delinquency, with help from your insights about the program and its participants. Your participation in this evaluation is completely voluntary, and there is no penalty if you do not choose to participate. You may decide at any time not to continue with the focus group.

**What is this focus group about?** As part of the evaluation of an overall, multi-program initiative in the DC schools, we are conducting focus groups and interviews with staff from each program. We want to learn more about your understanding of the program, and your experience implementing it. What we learn from this group will help us understand more about program functioning, which in turn will help us in the overall evaluation of the program. You will also be asked about training, use of screening instruments and data, implementation of the best practice programs, and barriers or challenges you have experienced as well as ways in which those challenges were/were not met. We will not ask for information about any particular participant or their family. There are no right or wrong answers – we are here to learn about your experience, so we hope that you feel comfortable with the discussion. Please let us know if there is anything we can do to facilitate an open conversation.

**How we will conduct the group:** Has anyone been in a focus group before? If you have, you know that it is basically a group interview...

- We have a list of questions and topics we want to cover, but we also want to be open to other issues that you think are important
- In a group interview like this, there are, of course, no right and wrong answers. You are the experts. It is our goal to learn from you.
- Also, in a group like this, it is important to hear from everyone. We have asked you to participate in this group as knowledgeable experts about the program and the children who are involved. So, we encourage everyone to participate. To make this easier, let's agree on a basic ground rule -- one person should speak at a time so that each person can be heard.
- Finally, we consider what you say in the group to be absolutely confidential. While we will record what you say so that we have an accurate record of it, we will not record names, and no information will be reported with anyone's name or other identifiers connected to it. We want you to feel free to be honest with us so that we get the best information possible. To help you feel comfortable, we are not asking for – and please do not mention -- any other person's name or other identifying information. It is also important, then, for everyone to **RESPECT THE CONFIDENTIALITY OF ANYTHING THAT IS SAID IN THE GROUP!**

Any questions? If not, we'll begin. The group will probably go for about an hour.

## II. QUESTIONS

1. What interested you about the job (DC START clinical staff)?
2. *Program model:* What do you believe is the DC START model? What is it supposed to achieve, and how?
  - How well did the training you received help you understand the model?
3. *Enrollment:* Can you describe how children are enrolled in the program? What is the process?
4. What kinds of children are supposed to be enrolled in DC START in your view? Are these children being enrolled?
5. *Consent:* What are the challenges and barriers you experience (if any) in obtaining consent?
6. *Collecting client information:* Describe the process of completing the WellBAT. What other information do you gather in order to develop a treatment plan? Are there any challenges/barriers you experience in collecting this information? Please describe.
7. *Treatment plans:* Are you able to complete treatment plans for each case within a reasonable time period? [IF NOT: What are the challenges/barriers you experience?]
8. *Interventions/CBT:* Please describe your experiences implementing the CBT intervention – including challenges and barriers (if any).

### PROGRAM COMPONENT PROMPTS:

- Introducing the program – Building rapport, gathering information, encouraging involvement, using workbooks.
  - Recognizing current level of functioning – Assisting participants to recognize their triggers and decisionmaking.
  - Implementing strategies – relaxation, problem-solving, cognitive restructuring, modeling, role-playing.
  - Working with families – providing information, addressing unmet needs, encouraging involvement.
  - Measuring success/completion
9. *Interventions/CCPT:* Please describe your experiences implementing the CCPT intervention – including challenges and barriers (if any).

### PROGRAM COMPONENT PROMPTS:

- Building rapport and assuring confidentiality.
- Gathering information
- Program orientation
- Encouraging involvement
- Developing/using an appropriate play therapy environment and structuring the relationship
- Acknowledging the child's perspective, identifying feelings/behaviors
- Therapeutic responses, improving coping skills

- Measuring success/completion

10. What is your experience with intervention documentation, including use of the CHARI database? What are challenges/barriers (if any)?

11. Other than regular trainings, what kind of support have you received to implement the program? Have you received any individual technical assistance? Please describe. Are there any challenges/barriers in receiving additional support?

12. Anything else we should know about these issues that we haven't talked about?

**THANK YOU FOR YOUR TIME!**

## **FOCUS GROUP CONSENT FORM SRO PROGRAM**

You have been invited to participate in an evaluation of the SRO Program. The study is being conducted by Development Services Group, Inc. (DSG) and is funded by the DC Office of the Deputy Mayor for Education through the Interagency Collaboration and Services Integration Commission (ICSIC).

Your participation in this focus group is completely **voluntary**, and there is no penalty if you do not choose to participate.

**What is this focus group about?** We are conducting focus groups and interviews with staff from all the DCPS programs we are evaluating. What we learn from this group will help us understand more about how the program is functioning, which in turn will help us in the overall evaluation.

**What will the focus group cover?** The focus group will last about one hour. We will ask questions about your experience as an SRO. There are no right and wrong answers. You are the experts about this program. It is our goal to learn from you.

**What about confidentiality?** We do not expect any personal information to be shared. We ask each person to keep confidential any personal information that is shared during the group. We will audio record what you say so that we have an accurate record of it. However, no information will be reported with anyone's name or other identifiers connected to it, nor will the tape be shared with anyone outside of the evaluators. When we are finished transcribing the recordings, they will be destroyed. If anyone in the group does not want to be recorded, we will turn the recorder off.

**Are there any risks or benefits?** There are no known risks associated with participation in this focus group. Although we will be talking about things that directly relate to your job, the topics are primarily about the process of implementing the SRO program. The information you provide may help to improve the program.

**What should I do if I have questions about the study?** If you have questions about your rights as a study participant, you may contact Marcia Cohen, Project Director, at 301-951-0056.

**Consent:** If you agree to be a part of this focus group, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOCUS GROUP PROTOCOL**  
**Evaluation of DC START School Intervention**  
**SCHOOL RESOURCE OFFICERS**

**I. INTRODUCTION (SAMPLE SCRIPT)**

**Who is conducting the evaluation?** You have been invited to participate in a focus group that is part of an evaluation of several programs in the DC Schools, including the SRO program. The study is being conducted by Development Services Group, Inc. (DSG) and is funded by the DC Office of the Deputy Mayor for Education through the Interagency Collaboration and Services Integration Commission (ICSIC). The evaluation will help us learn more about programs implemented in the DC schools for prevention of violence/delinquency, with help from your insights about the program and its participants. Your participation in this evaluation is completely voluntary, and there is no penalty if you do not choose to participate. You may decide at any time not to continue with the focus group.

**What is this focus group about?** As part of the evaluation of an overall, multi-program initiative in the DC schools, we are conducting focus groups and interviews with staff from each program. We want to learn more about your understanding of the program, and your experience implementing it. What we learn from this group will help us understand more about program functioning, which will help the overall evaluation. You will also be asked about your activities and experience as an SRO, training, any data or reporting procedures, and what you think about the role of SROs. We will not ask for information about any particular student or their family. There are no right or wrong answers – we are here to learn about your experience, so we hope that you feel comfortable with the discussion. Please let us know if there is anything we can do to facilitate an open conversation.

**How we will conduct the group:** Has anyone been in a focus group before? If you have, you know that it is basically a group interview...

- We have a list of questions and topics we want to cover, but we also want to be open to other issues that you think are important
- In a group interview like this, there are, of course, no right and wrong answers. You are the experts. It is our goal to learn from you.
- Also, in a group like this, it is important to hear from everyone. We have asked you to participate in this group as knowledgeable experts about the program and the children who are involved. So, we encourage everyone to participate. To make this easier, let's agree on a basic ground rule -- one person should speak at a time so that each person can be heard.
- Finally, we consider what you say in the group to be absolutely confidential. While we will record what you say so that we have an accurate record of it, we will not record names, and no information will be reported with anyone's name or other identifiers connected to it. We want you to feel free to be honest with us so that we get the best information possible. To help you feel comfortable, we are not asking for – and please do not mention -- any other person's name or other identifying information. It is also important, then, for everyone to **RESPECT THE CONFIDENTIALITY OF ANYTHING THAT IS SAID IN THE GROUP!**

Any questions? If not, we'll begin. The group will probably go for about an hour.



## II. QUESTIONS

1. How long have you been SROs? Did you volunteer, or were you assigned?
2. Some of you are working in elementary and middle schools, some in high schools. How would you describe the schools you are working in (in terms of school environment)?
3. How would you describe your role as an SRO right now?
  - What are the kinds of issues and situations you run into in a typical day? How do you usually handle them?
  - Are you involved in any educational sessions with students, or safety planning, or other activities like that?
  - How would you describe your relationship with the school administrators and staff? [Collaborative? Supportive? Negative?]
4. Do you keep any records of your activities? For example: Reporting forms, incident reports, etc.? Are these required records or reports?
5. Is there anything that you think is important that does not get reported?
6. How do you judge whether or not you have been successful in terms of what you do as an SRO right now?
7. If you had all the support you needed, what would be the ideal role for an SRO? What should SROs be doing?
8. How would you judge success in terms of that ideal SRO role? Is there any information or records that you could keep that would document that success?
9. What are the key barriers you see in carrying out that kind of SRO role?
10. Recently, you participated in a four-day training. Do you feel the information was useful?  
PROMPTS:
  - School safety planning and assessment
  - Mentoring
  - Education/prevention activities
11. Have you been able to use or put in practice any of the information from the training?  
Why?/Why not? IF YES: Have you seen any changes in the school?
12. Anything else we should know about these issues that we haven't talked about?

**THANK YOU FOR YOUR TIME!**